

2068

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH:

County Cochise State, ARIZONA Registered No. _____
 Township _____ or Village _____
 City Benson No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ days. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ days.

2. FULL NAME CALVIN REED

Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex M 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

6. If married, widowed, or divorced
 Husband of _____
 (or) Wife of _____

6. Date of Birth (month, day, and year)

7. Age Years _____ Months _____ Days _____ If Less than 1 day,
 _____ hrs. or _____ mins.

8. Trade, profession, or particular
 kind of work done as spinner,
 sawyer, bookkeeper, etc. _____

9. Industry or business in which
 work was done, as silk mill,
 sawmill, bank, etc. _____

10. Date deceased last worked at
 this occupation (month
 and year) _____

11. Total time (years)
 spent in this
 occupation _____

12. Birthplace (city or town and State or country):

13. Name:

14. Birthplace (city or town and State or country):

15. Maiden Name:

16. Birthplace (city or town and State or country):

Informant (name and address):

18. Burial, Cremation, or removal:

Place _____ Date _____, 193

19. Undertaker (name and address):

20. Filed 11-7-95, 193 A. Wentworth
 Recorder Registrar.

FORM 5 SM 7-11-34 MS-50996

MEDICAL CERTIFICATE OF DEATH

21. Date of Death (month, day, and year) Oct. 25, 1895 193

22. I HEREBY CERTIFY, That I attended deceased from
 _____, 193, to _____, 193

I last saw h. _____ alive on _____, 193; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as
 follows:

Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193

Where did injury occur? _____
 (Specify city or town, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. John V. Gaff(Address) Benson, Ariz.